

\$24 Membership fee Received: ☐

No Membership fee Received: ☐
(Eligible for Caregiver Mileage only)

**Municipal Medical Transportation Service
SELF REFERRAL ELIGIBILITY FORM**

Name:(please print)_____ Birth Date____/____/____

Address:_____

City _____ Zip Code _____

Telephone # _____

Please describe your home's exterior _____

Is the house number on the house or mailbox? _____

Do you have a physical disability? Circle one. Yes No

Do you have a mental disability or cognitive impairment? Circle one. Yes No

Do you have *Medicaid as a form of insurance*? Yes No

Note: Individuals under the age of 60 must provide proof of their disability from the Social Security Administration.

Do you use a mobility aid? i.e. wheelchair, walker, cane, scooter? Please list.

Can you get into a car unassisted? Circle one! Yes No

Emergency Contact information:

Name _____

Address: _____

Telephone # _____

- Please mail or deliver the completed form to:

Town of Salem Municipal Agent



PAMELA T. HENRY
Agent for the Elderly
pam.henry@salemct.gov

- *To minimize abuse, all trips are subject to random audit*
- *Service is not available to Nursing Homes.*

270 Hartford Road
Salem, Connecticut 06420-3809

TEL (860) 859-3873 Ext. 123
FAX (860) 859-1180

We reserve the right to deny transportation to any individual who does not meet the criteria for the transportation program.

I have read and understand the guidelines of the municipal medical transportation service, which is attached.

Client Signature _____

Date _____

Municipal Grant Senior Rides Program Request for Mileage Reimbursement

Driver Name: _____

Driver Address: _____ Tel: _____

Senior Passenger Name: _____ (Please indicate if trips are ONE-WAY or ROUND TRIP)

Date	Complete Start Address	Complete Destination Address (include Street #)	*Trip Purpose	Total Miles (Completed by ECTC)
<i>Sample 3/1/16</i>	<i>123 Sample Street, Anytown</i>	<i>L&M Hospital 400 Montauk Ave, New London</i>	<i>Medical Appt.</i>	

* Trip purpose must be medical trips only. Return form to your senior center for review and they will forward the form to ECTC by fax @ (860)859-5796

I as a passenger or driver understand by signing this document that I am releasing the Eastern Connecticut Transportation Consortium, Inc (ECTC), Towns of Bozrah, Groton, Waterford, East Lyme, Lisbon, Ledyard, Griswold, Stonington, Preston, North Stonington, Salem and City of New London from any responsibility of any type of vehicle damage, injury and/or death caused by an accident during the voluntary transport for this program.

I understand that Eastern Connecticut Transportation Consortium, Inc (ECTC), Towns of Bozrah, Groton, Waterford, East Lyme, Lisbon, Ledyard, Griswold, Stonington, Preston, North Stonington, Salem and City of New London are providing reimbursement of mileage only under a Municipal Grant program and do not participate in the eligible passenger's choice of driver or vehicle. As such, these drivers are not trained or certified, nor have any checks such as safety inspections, verification of insurance, license checks or criminal checks been performed. I voluntarily allow this driver to transport me in his/her vehicle with full knowledge that I am riding at my own risk.

By signing this document, I am fully aware of all provisions stated above and agree to the terms and attest the above trip information is true:

Signature (Driver) _____ Date _____ Signature (Rider) _____ Date _____

Trips authorized: _____
Signature (Town or Senior Center Representative) _____ Date _____

Circle Town Affiliation:
Bozrah E. Lyme Griswold Groton Ledyard Lisbon N. London Preston Stonington Waterford N. Ston. Salem

(FOR ECTC OFFICE USE ONLY)

Rate x Total miles = Reimbursement Cost

Total Medical Trips: _____

Guidelines for the Municipal Medical Transportation Service and Caregiver Transportation Program

The towns of Bozrah, East Lyme, Griswold, Groton, Ledyard, Lisbon, New London, North Stonington, Salem, Preston, Stonington, and Waterford collaborate with the Eastern Connecticut Transportation Consortium and the CT Department of Transportation to expand transportation services to individuals age 60 and over and disabled adults. To keep services running smoothly, please follow the guidelines outlined below.

Who qualifies for this program?

This program is open to individuals who reside in the above listed towns, meet the residency requirement described below:

To utilize the brokered rides portion of the service you must have completed a registration form, and have submitted a \$24 annual registration fee **payable to your participating senior center or municipality**. Individuals residing in: Private Homes; Retirement Living Facilities; Independent Living Facilities; Assisted Living Facilities; and Residential Care Homes **are** eligible for transportation under this program.

Individuals who reside in Skilled Nursing Facilities are **not** eligible for transportation through this program. Individuals who are eligible for free transportation through Medicaid are asked to use that program instead.

If you wish to just access the Caregiver portion of the program you still must complete the registration but do not have to pay the **\$24** membership fee.

What are the limitations of this program?

For the brokered rides – Thirty-six(36) one way rides for are provided for medical appointments in New London County/Westerly, RI. The thirty-six (36) one-way rides are contingent upon available funding and may be adjusted at any time.

Reservations must be made no later than 48 hours in advance but can be scheduled up to 2 weeks ahead. Trips can be scheduled during normal business hours. Requests for weekend & Monday trips must be made no later than Friday by 2 p.m.

Personal Care Attendants (or family member acting as an escort) may accompany passengers who need extra help with entering and exiting the vehicle or have other needs that make traveling independently unsafe.

In order to protect the health of others, passengers must be free from acute illnesses such as flu, fever, vomiting, diarrhea, and infections such as pneumonia.

What information should I have when calling to request a ride?

- Your complete name and address.
- The address of your destination and the physician's name.
- The date and time of your appointment.
- An estimated time that you will be picked up from your appointment to return home.

How does the Caregiver Mileage Reimbursement Program work?

The rider retains a volunteer driver (friend, neighbor, family member). The driver and rider must complete the "Request for Mileage Reimbursement" form.

Mileage is calculated by ECTC based on the shortest distance to the destination. The mileage from the caregiver's home to the passenger going to the medical appointment is NOT included.

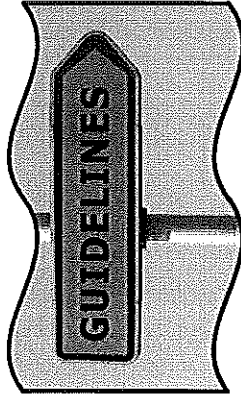
Form must include appointment date, start address, destination address, and must be signed and dated by client and driver after last trip has been entered on the form. Participants submit completed mileage reimbursement forms to their town senior center or town representative by the end of the month for processing.

When the form is submitted, the town representative reviews the form for accuracy and verifies the mailing address of the Caregiver. Town Representatives may perform audits to verify that the appointments did occur.

The Town Representative will sign and fax form to ECTC. ECTC will issue a check to the Caregiver for authorized trips performed.

Eastern Connecticut Transportation Consortium, Inc. - Municipal Medical Transportation

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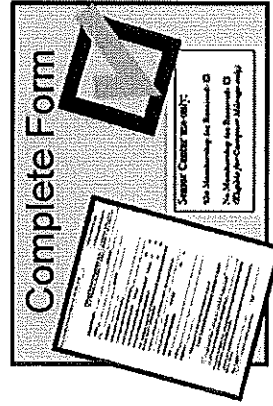


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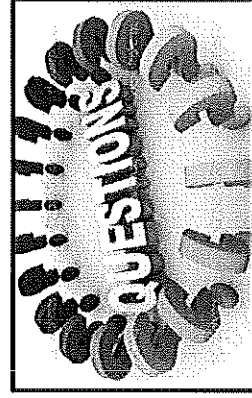
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To utilize the brokered rides portion of the service a completed registration form, and have submitted a \$24 annual registration fee **payable to your participating senior center or municipality.**

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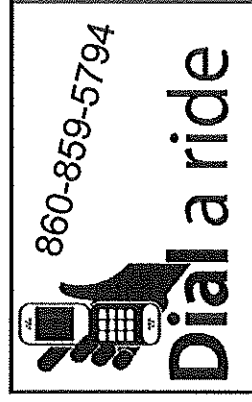
The Senior Center will fax over the approved form to ECTC. Please give 1-2 business days to process.



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